

1137 South Locust Street, Grand Island NE, 68801, ph (308) 385-5175, fax (308) 385-5181 Toll Free: (877) 216-9092 Website: www.cdhd.ne.gov

APPLICATION For COMMERCIAL ANIMAL PERMIT

Type of Establishmen	t: (please check all that a	oply)	
Pet Shop Riding School Kennel	Grooming S Stable Circus	Zoolo	al Auction ogical Park orming Animal Exhibition
Name of Establishment	:	Phone Number of Establishment:	
Address of Establishme	ent:		
Owner(s) of Establishm	ent:		
Owner(s) or Billing Add	ress of Establishment:		
By signing, I/We agree to by the Central District H	o comply with all operation reguealth Department.	lations for a commercial animal perm	nit that are enforced
Owner/Manager Signa	nture:	Date:	
Expires on July 31	al Permit fee is \$78.00 l annually o: Central District Health 1137 South Locust Street Grand Island NE 68801	Department	
Inspector Use Only:	Approved	Disapproved	
Date:	Inspector signature: _		
Comments:			
		•	
Date Rec'd:		lse Only Amount: Check Cre	dit Card Cash